



ALABAMA DEPARTMENT OF HUMAN RESOURCES PROPOSED SERVICE SUMMARY FORM

PROCUREMENT INFORMATION

RFP Number: 2009-100-11

RFP Title: *Transitional/Independent Living Programs*

Proposal Due Date and Time:

*Tuesday, August 25, 2009
12:00 p.m., Central Time*

Issuing Division:

Family Services

VENDOR INFORMATION

(Fill in the information fields below and return this form with original proposal)

Vendor: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: () _____ **Fax:** () _____

Email address: _____

Authorized Signatory: _____

SERVICE INFORMATION

County/Counties to be served (list additional counties on a separate sheet and attach sheet to this form):

1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	9. _____

Check the box of the gender(s) and indicate the age(s) of the population to be served.

Male ☐

Female ☐

Age: _____ years

Age: _____ years

Number of Slots: _____

Number of Slots: _____

Rate: \$ _____

Rate: \$ _____

DHR Child Care Placing Agency License ☐ **Application** ☐ **or Residential Child Care Facility License**
☐ **Application** ☐

504 Assurance of Compliance (attach a copy) ☐

Filename: TLP+&+ILP+Proposed+Service+Summary+Form+FINAL+07[1].
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Directory: C:\Documents and Settings\bken199A\Desktop
Template: C:\Documents and Settings\bken199A\Application
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